

**CITY OF EL PASO, TEXAS**  
**AGENDA ITEM DEPARTMENT HEAD'S SUMMARY FORM**

CITY CLERK DEPT.  
05 MAY 27 PM 3:34

**DEPARTMENT:** POLICE

**AGENDA DATE:** June 7, 2005

**CONTACT PERSON/PHONE:** ASSISTANT CHIEF PAUL CROSS / 564-7310  
MARTA GINER / 564-7119

**DISTRICT(S) AFFECTED:** ALL

**SUBJECT:**

Approve a resolution to authorize the Mayor to apply for, accept, reject, alter or terminate a U.S. Department of Justice- 2005 COPS Secure Our Schools Grant. The grant is in the amount of \$48,473.00, with a 50% cash match in the amount of \$48,473.00. The cash match will be funded through Confiscated Funds, account # 21150060-500231-16371, for a total of \$96,946.00. Please note that a Resolution is required by the granting agency and all forms are required to be signed by the highest-ranking official. The obligation of funds is primarily attributable to Personal Services contracts and only \$1,400.00 are attributable to materials or supplies, therefore not in contravention of "lame duck" provision.

**BACKGROUND / DISCUSSION:**

The grant funds will continue the efforts of the previous Secure our Schools Grant. Funds will be utilized to continue the CODE BLUE Program in schools in the El Paso area. Funding requested under this grant will be utilized to provide training, training material and equipment to assist public and private schools to develop school-specific exercise plans with first responder agencies. Educational and law enforcement personnel will continue to be educated in critical incident management.

**PRIOR COUNCIL ACTION:**

**Has the Council previously considered this item or a closely related one?**

This application is for a new grant.

**AMOUNT AND SOURCE OF FUNDING:**

**How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?**

Federal Grant Proceeds will fund this item. The cash match will be funded through Confiscated Funds, account # 21150060-500231-16371.

**BOARD / COMMISSION ACTION:**

**Enter appropriate comments or N/A**

\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**LEGAL:** (if required) \_\_\_\_\_ **FINANCE:** (if required) \_\_\_\_\_

**DEPARTMENT HEAD:** \_\_\_\_\_

(Example: if RCA is initiated by Purchasing, client department should sign also)  
*Information copy to appropriate Deputy City Manager*

**APPROVED FOR AGENDA:**

**CITY MANAGER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## **RESOLUTION**

### **BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:**

That the Mayor be authorized to sign a COPS Grant, including all necessary documents, letters, understandings and assurances contained therein, and accept a grant in the amount of \$48,473.00 from the U.S. Department of Justice, for a COPS 2005 Secure our Schools grant to continue the CODE BLUE Program in schools in the El Paso area. Funding requested under this grant will be utilized to provide training, training material and equipment to assist public and private schools to develop school-specific exercise plans with first responder agencies. Educational and law enforcement personnel will continue to be educated in critical incident management; authorizing the City Manager or her designee to sign any related paperwork, including all understandings and assurances contained therein, and apply for, accept, reject, alter, or terminate the grant and authorize budget transfers; submit any necessary revisions to the operational plan; that the grant officials be as designated in the agreement; and that the City Manager be authorized to execute on behalf of the City of El Paso, any grant amendments or corrections to the initial Grant Agreement which increase, decrease or deobligate program funds provided that no additional City funds are required, or which decrease the amount of matching funds, and any documents to request and accept an extension of the award ending date for the grant. The grant requires a cash match of 50% in the amount of \$48,473.00, which will come from Confiscated Funds, account # 21150060-500231-16371, for a total amount of \$96,946.00 of which only \$1,400.00 is obligated for materials and supplies within the amount allowed by Lame Duck provisions.

ADOPTED this 7<sup>th</sup> day of June, 2005

CITY OF EL PASO

\_\_\_\_\_  
Joe Wardy  
Mayor

ATTEST:

\_\_\_\_\_  
Richarda Duffy Momsen  
City Clerk

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Ernesto Rodriguez  
Assistant City Attorney

GA 33-2005

## GRANT APPLICATION REVIEW

DEPARTMENT

Police

Sgt. Talamantes  
298-9612

TYPE OF GRANT

Federal

CONTROL #

858

GRANTOR

U.S. Department of Justice  
COPS Office

EFFECTIVE DATE

1-Jan-06

MATCHING FUNDS REQUIRED

☒

YES

☐ NO

SOURCE OF FUNDS (GRANT AMOUNT, MATCHING, IN-KIND, INTERGOVERN.)

Grant \$48,473.00

Cash Match \$48,473.00

Total \$96,946.00

Confiscated Funds- #21150030-500231-16371

PERSONNEL FUNDED BY GRANT

Two Program Coordinators

MAY 25 '05 PM 3:23

BRIEFLY DESCRIBE HOW GRANT WILL BE USED AND ANY SPECIAL CONDITIONS FOR GRANT:

Grant funds will be utilized to continue the CODE BLUE Program in schools in the El Paso area. Funding will provide training, training material and equipment to assist public and private schools to develop school-specific exercise plans with first responder agencies. Educational and law enforcement personnel will continue to be educated in critical incident management.

GRANTS COORDINATOR

[Signature] 5/25/05

OMB ANALYST

[Signature] 5/25/05 David H. [Signature]

GRANTS ACCOUNTING MANAGER

[Signature] 5/26/05

FINANCIAL OFFICER

[Signature]

LEGAL

[Signature]

CITY MANAGER

[Signature]

COMMENTS

Internal Review Process: Grants Office => OMB Analyst =>  
 Grants Accounting Manager (Comptroller's Office) => Financial Officer => Legal =>  
 City Manager => Originating Department/Agency

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier 058873019	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier 74 6000749	


  

<b>5. APPLICANT INFORMATION</b>					
Legal Name:			Organizational Unit:		
City of El Paso			Department: El Paso Police Department		
Organizational DUNS: 058873019			Division: Crimes Against Children		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:			Prefix: Sergeant		
Two Civic Center Plaza			First Name: Humberto		
City: El Paso			Middle Name		
County: El Paso			Last Name Talamantes		
State: TX		Zip Code 79901	Suffix:		
Country: USA			Email: TalamantesH@elpasotexas.gov		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b>			Phone Number (give area code)		Fax Number (give area code)
74-6000749			915-298-9612		915-298-9808
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) C. Municipal Other (specify)		
Other (specify)			<b>9. NAME OF FEDERAL AGENCY:</b>		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 2005 Secure Our Schools 16-710			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> COPS-Secure Our Schools-2005		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of El Paso					
<b>13. PROPOSED PROJECT</b> Start Date: 1/1/06    Ending Date: 12/31/06			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 16th    b. Project 16th		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	48,473.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	.00	DATE: June 14, 2005		
c. State	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	48,473.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	96,946.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Authorized Representative					
Prefix		First Name Joe		Middle Name	
Last Name Wardy				Suffix	
b. Title Mayor				c. Telephone Number (give area code) 915-541-4844	
d. Signature of Authorized Representative				e. Date Signed	

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Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

Approved as to form:

  
Ernesto Rodriguez, Asst. City Attorney

## Executive Summary

The Cops 2005 Secure Our Schools grant funds will be used to continue the efforts of the previous Secure our Schools Grant. Funds will be utilized to continue the CODE BLUE Program in schools in the El Paso area. Funding requested under this grant will be utilized to provide training, training material and equipment to assist public and private schools to develop school-specific exercise plans with first responder agencies. Educational and law enforcement personnel will continue to be educated in critical incident management. The granting agency funds are in the amount of \$48,473.00. There is a local cash match required in the amount of \$48,473.00, for a total of \$96,946.00. The match is in Confiscated Funds account #21150060-500231-16371. The funding period is 12 months.



U.S. Department of Justice  
Office of Community Oriented Policing Services  
Washington, D.C. 20530

Grants Administration Division

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## Executive Summary

Agency Name: City of El Paso Police Department

Point of Contact Name: Sergeant Humberto Talamantes

Point of contact Phone Number: (915) 298-9612

Award Amount: \$ 48,473.00

Briefly summarize how your agency will use this grant funding. Please include how you expect this grant to impact public safety and/or child welfare in your community. (250 words or less)

The El Paso Police Department, in conjunction with local school districts and other agencies, developed and implemented a program called Secure Our Schools Initiative-Code Blue. Due to the high demand for additional training from the city's three school districts and private schools, the El Paso Police Department is requesting funding for a second year of this very successful program. Recently, some emergency incidents have occurred at schools and throughout the city, and have consequently increased the demand for critical incident management training for public and private school personnel. Several private school administrators are requesting the critical incident training presented by the Police Department be offered in their schools also. Funding requested for this grant will be utilized to provide training, training material and equipment to assist public and private schools districts to develop school-specific exercise plans with first responder

agencies. The first year of this initiative trained school administrators in critical incident management. It is intended that this second year be dedicated to include training for all school personnel, as in an emergency, any personnel could be involved. Additional funding will reinforce the first phase of the grant, the importance of teamwork and planning in cases of Lock Downs, Evacuations, and Shelter in Place. The continual training of law enforcement and educational personnel will reinforce security efforts in private and public schools. A broader exposure of CODE BLUE procedures in our school systems will make the program more readily accepted and understood by students, parents, educational administrators, teachers and the community as a whole.

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**A. Assessment of Existing Problems**

Neither the school district nor the EPPD budgets have access to funds for this much-needed initiative. Minimal to zero funds are available in those budgets to cover critical incident planning, coordination and training at the school administration level as well as at the instructional level. There have been several instances requiring immediate attention from both the school administration and public safety agencies. The Columbine tragedy, the episode in the Russian school and the incident in Minnesota, have brought to light the many problems associated with the safety of students on school grounds. Crisis Plans need to be put into place to deter and deal with school incidents related to student safety.

El Paso has experienced several incidents where CODE BLUE has been put into effect. One incidence involved a child with special needs that left the school grounds on his own. A CODE BLUE Lock Down allowed faculty and staff to search for the child in a comprehensive and timely manner. Another incidence involved a gas leak in an elementary school, where a CODE BLUE Evacuation plan had to be implemented, and which culminated in the successful release of the school children. Incidents involving gang fights and drive-by shootings occur on school grounds. These events have left the



community and parents questioning whether any type of preventive planning is present in the local schools. The Secure Our Schools Initiative has launched the training process necessary to develop crisis management plans and steps to implement practice drills in the event any hazardous situation should arise.

The first year of this program has been successful in meeting its goal of training and presenting the CODE BLUE Program to all administrative personnel in the Ysleta, El Paso and Socorro School Districts. School administrators have fully accepted the program and have committed their schools and districts to work together towards the continued success of this program. With the funding requested for the second year, the CODE BLUE program will continue its efforts to train school and law enforcement personnel in the procedure involved in instances of situational crises. The school districts have limited resources and time for critical incident planning, coordination, and training for their staff. Therefore, continuation of CODE BLUE training is critical for the safety and security of all school children.

#### **B. Project Goals and Objectives.**

The mission of the Code Blue Program is to bring about the successful resolution of any critical incident with the intent of minimizing the risk of injury and/or loss of life to citizens, law enforcement personnel and suspects, and particularly, school children. A combined plan of Emergency Management (Incident Command and Emergency Preparedness) and Code Blue has been adapted through the initial phase of the Secure Our Schools grant and will continue the implementation according to the need of each school's environment to plan, coordinate, train and have annual exercises to mediate a critical incident successfully by providing guidance at the executive and operations levels. There is a plan to coordinate with all public safety agencies to provide appropriate

training presentations and reference material to all school district teachers, clerical staff, cafeteria staff, custodial staff and transportation personnel. Presently, school superintendents have pledged their full support to this program and are determined to prepare their personnel appropriately in order to prevent a crisis situation and maintain the safety and security of students. With the training and reference material already in place, a networking system will be set up to provide future resources allowing the public agencies to continue the program at minimal costs after the funding period ends. Teamwork is essential, making the Secure Our Schools Initiative's primary goal to strengthen teamwork and team efforts for the safety and security of school children to include both private and public school environments.

### **C. Implementation Plans**

It is intended that this grant fund all aspects of the planning, coordination, training and exercise of the Code Blue Program. A combined effort between the El Paso Police Department, Office of Emergency Management, Health and Environment agencies, public support agencies and all school districts will bring all agencies together in the implementation of the program. Each agency will have input in updating and/or modifying the existing program. Training material will be printed and meetings will be scheduled at schools, with the approval of school administrators who have already been trained in the first phase, to train law enforcement and school faculty and staff. Secure Our Schools Initiative through CODE BLUE plans to continue to provide training to all faculty and staff at school levels, making it possible for everyone to be familiar and aware of CODE BLUE procedures. Secure Our Schools Initiative program will also assist schools to develop school-specific appropriate crisis management plans. The development of school-specific crisis plans is crucial as every school's culture and crises

vary. Therefore, when developing a plan it is important to keep in mind the different resources available to each school's uniqueness. The plan will include but will not be limited to the schools' quintessential crisis and most adequate responses to evacuations, lockdowns, and shelter in place. Training and updates will continue to be offered to all participating agencies in order to insure sufficient staffing so that all districts may be reached in a timely and uniform manner. School faculty and staff, cafeteria nutrition staff and clerks, transportation personnel will be scheduled for training along with executive staff to determine each person's role in the Code Blue Program. During the training period, assessment will be made by the operation's team to address any of the school district's special needs or requirements as the plan unfolds. Once all faculty and staff level training is completed, operations level training will begin at the schools while utilizing an on-going evaluation plan to determine each campus' special needs or requirements. The communications network will be implemented and maintained throughout the training program keeping each section alert to any unforeseen changes or events. This program will continuously strengthen partnerships with all public safety, health, environment, and public support agencies and greatly assist in training the community toward domestic preparedness.

**D. Evaluation Plans, Outcomes and Effectiveness of the Program**

Secure Our Schools Initiative/Code Blue will bring all school districts up to an acceptable level of critical incident preparedness. Once the program is placed into effect, school districts at all levels can coordinate and respond with all involved public safety, health, environment and public support agencies to reduce the amount of harm to the community. Each aspect of the program will be evaluated for effectiveness. Feedback will be encouraged and documented from all program participants including the

community. Each school district and all private schools will be prepared to work with their designated emergency responders and the community in a uniform manner and will be able to adequately incorporate these exercises in their emergency drills.

**E. Current Planned Crime Prevention Activities**

The only programs that presently address some of the critical incidents are Crime Stoppers and the Secure Our Schools Initiative program, the latter having launched the beginning of a successful program by introducing and training school administrators on CODE BLUE procedures. The Superintendents at the three local school districts are familiar with and have approved the importance of CODE BLUE training procedures. Ninety percent of school administrators have received an introduction and first phase training on CODE BLUE crisis planning and procedures. The El Paso Police Department through the El Paso City/County Office of Emergency Management has developed a coordination of all school districts and public safety agencies such as the Sheriff's Office, Fire Department, El Paso City/County Health and Environmental and the American Red Cross to promote and execute the Code Blue program. The present funding received from the COPS office has made this partnership between Secure Our Schools and emergency response agencies possible. There is still much more to be done at this time; preparation is important to emergency response agencies, school districts, the El Paso Police Department Secure Our Schools Initiative and most of all to the citizens of the city of El Paso, Texas. With the assistance of future funding, the promise of safer education environments are possible, not only in the public sector but in the private sector as well. Funding will help reinforce a safer and more secure future for all children.



U.S. Department of Justice  
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Washington, D.C. 20530

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### **Timeline Template**

**Month 1-** Code Blue Train the Trainer presentations will continue, to include the educational private sector. By the end of the first month at least 99% of the city school administrators will have been trained and informed on Code Blue procedures.

**Month 2-** Assist all schools in developing and implementing a realistic crisis management plan. Begin setting up trainings for school personnel at the departmental level; teachers, cafeteria staff, transportation department, custodian staff, to include law enforcement personnel.

**Month 3-** Training begins with the intent of providing training at least once a week to reach as many school staff by the end of the program as possible.

**Month 4-** Training continues and development of crisis management plans and evaluations continue throughout the month.

**Month 5-** On going training continues. The program will have provided a total of 12 training sessions by the end of month 4.

**Month 6-** On going training continues to include all private school sectors. Initiate assistance to schools already trained with practice drills of evacuations, lockdowns, and shelter in place.

**Month 7-** Training continues. Surveys will be compiled and reviewed and used as part of the evaluation module. Statistical reports will be developed to assist in recording successful goals and objectives and to note where improvement is needed. Continuance of Code Blue practice drills throughout the month.

**Month 8-** Contact a high school to put together a Mock lock down in partnership with first responder agencies.

**Month 9-** Conduct at least one Mock lock down, one evacuation, and one shelter in place activity at three different school locations.

**Month 10-** Conduction of Mock Code Blue continues.

**Month 11-** Evaluation of program begins to ensure all schools, including those in private sector, as well as first responder agencies have received training/consultation on Code Blue program. This evaluation will be conducted through statistical reports that will be gathered on a monthly basis.

**Month 12-** Final draft of evaluation module to be completed. Each school district will have incorporated the Code Blue plan, or some aspects, thereof, as part of their regular emergency drills.



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## **BUDGET NARRATIVE**

### **El Paso Police Department COPS Secure Our Schools 2005**

**Supplies** – Necessary office supplies, machine supplies, computer supplies, and miscellaneous publication materials will be purchased utilizing grant funds. Supplies will include paper, pens, pencils, staples, paperclips and items used on a daily basis. In addition to the daily supplies, postage, training material, brochures and informational material will be designed and produced. Total for supplies: \$1400.00

**Personnel**- Two Program Coordinators will be hired to provide training and assistance in the various schools throughout the El Paso area, ten months out of the year, allowing for summer breaks. Total for contractual employees: \$66,000.00

**Fringe Benefits**- Program Coordinator's fringe benefits are outlined in the Budget Detail Worksheet. Total for fringe benefits: \$16,151.00

**A. SWORN OFFICER POSITIONS**      No Sworn Officer Positions Requested ☒

**Instructions:** COPS hiring grant programs pay for entry-level salaries and benefits of newly hired, additional sworn law enforcement officers for a period of thirty-six (36) months.

This worksheet will assist your agency in properly organizing your **maximum estimated** salary and benefit costs and providing the necessary financial details for review by the COPS Office. Please list the entry-level base salary and fringe benefits **rounded to the nearest whole dollar** for one sworn officer position within your agency. COPS hiring funds may also be used to pay for entry-level salaries and benefits of newly-hired, additional officers who will backfill the positions of locally-funded veteran officers that will be deployed into community policing specialty areas (e.g., School Resource Officers). **Do not include employee contributions.**

Complete part 1 if you are requesting funds for full-time officer positions; part 2 if you are requesting part-time officer positions; and both parts 1 and 2 if you are requesting full and part-time officer positions.

**Officer Positions Requested:**

**Full-time:** \_\_\_\_\_ **Part-time:** \_\_\_\_\_

*Enter the number of new, entry-level full-time and/or part-time officer positions that are being requested. Do not include any officers already funded (or for which funding has been requested) under any other COPS grants or any positions otherwise funded with state, local, tribal, or BIA funds. Your request should be consistent with your agency's law enforcement needs. Do not request more positions than your agency can support and retain.*

**Please complete if your agency is requesting part-time officers:**

**Part-Time Hours:**

What is the average number of hours per week that your part-time COPS officer will work? \_\_\_\_\_

How many hours per week is considered full-time employment? \_\_\_\_\_

What is the average number of hours per year that your part-time COPS officer will work? \_\_\_\_\_

What is the hourly rate for the part-time COPS officer? \_\_\_\_\_

To calculate the base salary amount for part-time officers, multiply the hourly rate by the average number of hours per year that the part-time COPS-funded officer will work. You will enter this base salary on page 4.

**Note:** There is a funding cap for part-time officers in proportion to the number of hours worked and the maximum federal funding allowed under a particular COPS hiring program. For example, COPS in Schools has a maximum federal share of \$125,000. The part-time federal funding cap would be calculated as follows: 20 hours/40 hour week = .5 full-time equivalent; part-time federal share cap = .5 X \$125,000 (maximum allowed) = \$62,500. The Tribal Resources Grant Program has a maximum federal share of \$75,000. The part-time federal funding cap would be calculated as follows: 20 hours/40 hour week = .5 full-time equivalent; part-time federal share cap = .5 x \$75,000 (maximum allowed) = \$37,500.



Instructions: Please indicate the law enforcement agency's cost for each of the following categories. Please do not include employee contribution costs.

**Part 1: Full-Time Officer Information****Year 1: Current Annual Entry-Level 1st Year Base Salary and Annual Fringe Benefits**

Base Salary: \$ \_\_\_\_\_ .00

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ _____ .00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____ .00	_____ %	
Vacation	\$ _____ .00	_____ %	Number of Hours Annually: _____
Sick Leave	\$ _____ .00	_____ %	Number of Hours Annually: _____
Retirement	\$ _____ .00	_____ %	
*Worker's Comp	\$ _____ .00	_____ %	
*Unemployment Ins.	\$ _____ .00	_____ %	
Other	\$ _____ .00	_____ %	Describe: _____
Other	\$ _____ .00	_____ %	Describe: _____
<b>Total Fringe Benefits</b> \$ _____ .00			
<b>Total Year 1 Salary and Benefits:</b> \$ _____ .00			

**Year 2: Current Annual Entry-Level 2nd Year Base Salary and Annual Fringe Benefits**

Base Salary: \$ \_\_\_\_\_ .00

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ _____ .00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____ .00	_____ %	
Vacation	\$ _____ .00	_____ %	Number of Hours Annually: _____
Sick Leave	\$ _____ .00	_____ %	Number of Hours Annually: _____
Retirement	\$ _____ .00	_____ %	
*Worker's Comp	\$ _____ .00	_____ %	
*Unemployment Ins.	\$ _____ .00	_____ %	
Other	\$ _____ .00	_____ %	Describe: _____
Other	\$ _____ .00	_____ %	Describe: _____
<b>Total Fringe Benefits</b> \$ _____ .00			
<b>Total Year 2 Salary and Benefits:</b> \$ _____ .00			

**Year 3: Current Annual Entry-Level 3rd Year Base Salary and Annual Fringe Benefits**

Base Salary: \$ \_\_\_\_\_ .00

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ _____ .00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____ .00	_____ %	
Vacation	\$ _____ .00	_____ %	Number of Hours Annually: _____
Sick Leave	\$ _____ .00	_____ %	Number of Hours Annually: _____
Retirement	\$ _____ .00	_____ %	
*Worker's Comp	\$ _____ .00	_____ %	
*Unemployment Ins.	\$ _____ .00	_____ %	
Other	\$ _____ .00	_____ %	Describe: _____
Other	\$ _____ .00	_____ %	Describe: _____
<b>Total Fringe Benefits</b> \$ _____ .00			
<b>Total Year 3 Salary and Benefits:</b> \$ _____ .00			

\* If no funds budgeted, please see Part 3 number 2

Instructions: Please indicate the law enforcement agency's cost for each of the following categories. Please do not include employee contribution costs.

**Part 2: Part-Time Officer Information****Year 1: Current Annual Entry-Level 1st Year Base Salary and Annual Fringe Benefits**

Base Salary: \$ \_\_\_\_\_ .00

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ _____ .00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____ .00	_____ %	
Vacation	\$ _____ .00	_____ %	Number of Hours Annually: _____
Sick Leave	\$ _____ .00	_____ %	Number of Hours Annually: _____
Retirement	\$ _____ .00	_____ %	
*Worker's Comp	\$ _____ .00	_____ %	
*Unemployment Ins.	\$ _____ .00	_____ %	
Other	\$ _____ .00	_____ %	Describe: _____
Other	\$ _____ .00	_____ %	Describe: _____
Total Fringe Benefits\$ _____ .00			
Total Year 1 Salary and Benefits: \$ _____ .00			

**Year 2: Current Annual Entry-Level 2nd Year Base Salary and Annual Fringe Benefits**

Base Salary: \$ \_\_\_\_\_ .00

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ _____ .00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____ .00	_____ %	
Vacation	\$ _____ .00	_____ %	Number of Hours Annually: _____
Sick Leave	\$ _____ .00	_____ %	Number of Hours Annually: _____
Retirement	\$ _____ .00	_____ %	
*Worker's Comp	\$ _____ .00	_____ %	
*Unemployment Ins.	\$ _____ .00	_____ %	
Other	\$ _____ .00	_____ %	Describe: _____
Other	\$ _____ .00	_____ %	Describe: _____
Total Fringe Benefits\$ _____ .00			
Total Year 2 Salary and Benefits: \$ _____ .00			

**Year 3: Current Annual Entry-Level 3rd Year Base Salary and Annual Fringe Benefits**

Base Salary: \$ \_\_\_\_\_ .00

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ _____ .00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____ .00	_____ %	
Vacation	\$ _____ .00	_____ %	Number of Hours Annually: _____
Sick Leave	\$ _____ .00	_____ %	Number of Hours Annually: _____
Retirement	\$ _____ .00	_____ %	
*Worker's Comp	\$ _____ .00	_____ %	
*Unemployment Ins.	\$ _____ .00	_____ %	
Other	\$ _____ .00	_____ %	Describe: _____
Other	\$ _____ .00	_____ %	Describe: _____
Total Fringe Benefits\$ _____ .00			
Total Year 3 Salary and Benefits: \$ _____ .00			

\* If no funds budgeted, please see Part 3 number 2

**Part 3: Sworn Officer Position Budget Summary (all applicants must complete this section)**

After completing Part 1 and/or Part 2 of this form, answer the following questions. If necessary, attach an explanation of how you computed salaries and benefits for this worksheet. Be sure to answer EVERY question. Missing or erroneous information could significantly delay the review of your agency's request.

- 1. If your agency's second and third-year costs for salaries and/or fringe benefits are greater than the first year, check the reason(s) why in the space below:**

☐ Cost of living adjustment (COLA)                      ☐ Step Raises                      ☐ Change in benefit costs

☐ Other- please explain briefly: \_\_\_\_\_

- 2. \*If no funds were budgeted for 1) Social Security, 2) Medicare, 3) Worker's Compensation, and/or 4) Unemployment Insurance, your agency must provide an explanation for each omission below:**

1) Social Security: \_\_\_\_\_

2) Medicare: \_\_\_\_\_

3) Worker's Compensation: \_\_\_\_\_

4) Unemployment Insurance: \_\_\_\_\_

### Part 3 (Continued):

#### 3. Three-Year Projection

Please complete the following three-year projection, showing how the federal share percentage and your local matching share percentage (if applicable) will change year by year for one officer position. These figures are projections only and may be adjusted by the grantee throughout the grant period as long as the local share percentage (if applicable) increases each year as the federal share percentage decreases. The percentage of one officer's salary and benefits paid with federal funds must be less in Year 2 than in Year 1, and less in Year 3 than in Year 2. In contrast, the percentage of total officer's salaries and benefits paid with local funds (if applicable) must be more in Year 2 than in Year 1, and more in Year 3 than in Year 2. *Please refer to the Application Guide for additional program-specific information and for sample budget examples.*

##### Full-Time Computation

Three-year salary and benefit costs per full-time position	Year 1	Year 2	Year 3	Total- 3 Years	
<b>Federal Share Amount</b> (Percentage must decrease each year)	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	(line 1 a)
<b>Local Share Amount (If applicable)</b> (Percentage must increase each year)	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	(line 1 b)
<b>Total Salary &amp; Benefits</b> (Federal Share plus Local Share)	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	

##### Part-Time Computation

Three-year salary and benefit costs per part-time position	Year 1	Year 2	Year 3	Total- 3 Years	
<b>Federal Share Amount</b> (Percentage must decrease each year)	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	(line 2 a)
<b>Local Share Amount (If applicable)</b> (Percentage must increase each year)	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	(line 2 b)
<b>Total Salary &amp; Benefits</b> (Federal Share plus Local Share)	\$ _____ .00	\$ _____ .00	\$ _____ .00	\$ _____ .00	

#### 4. Total Sworn Officer Cost

##### Total Federal Share Amount Computation

\$ _____ .00	X	_____	=	\$ _____ .00
Total federal share amount per full-time position from <b>line 1 a</b> Number of full-time positions requested				
\$ _____ .00	X	_____	=	\$ _____ .00
Total federal share amount per part-time position from <b>line 2 a</b> Number of part-time positions requested				
				\$ _____ .00 TOTAL FEDERAL AMT. <b>Box A</b>

##### Total Local Share Amount Computation

\$ _____ .00	X	_____	=	\$ _____ .00
Total local share amount per full-time position from <b>line 1 b</b> Number of full-time positions requested				
\$ _____ .00	X	_____	=	\$ _____ .00
Total local share amount per part-time position from <b>line 2 b</b> Number of part-time positions requested				
				\$ _____ .00 TOTAL LOCAL AMT. <b>Box B</b>

##### Grand Total Computation

\$ _____ .00	+	\$ _____ .00	=	\$ _____ .00
<b>Box A</b> (Total Federal Share Amount Requested)		<b>Box B</b> (Total Local Share Amount Required)		TOTAL SWORN OFFICER COSTS
				<b>Transfer to Budget Summary Line 1</b>

**B. CIVILIAN/OTHER PERSONNEL**      No Civilian/Other Personnel Positions Requested ☐

**Instructions:** Each position must be listed and computed separately. If additional space is necessary, please make copies of this table and attach them to your application.

**Position Title:**

Base Salary Computation: (\$39,000 X 100%) X 1 yr = \$ 39,000.00 (Base Salary Subtotal)  
 ((Annual Base Salary X Percent of Time Devoted to the Project) X Number of Years Devoted to the Project)

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ <u>2,418</u> .00	<u>6.2</u> %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ .00	%	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ <u>4,200</u> .00	%	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ <u>37.50</u> .00	%	
Vacation	\$ .00	%	Number of Hours Annually: _____
Sick Leave	\$ .00	%	Number of Hours Annually: _____
Retirement	\$ <u>421.20</u> .00	<u>1.08</u> %	
*Worker's Comp	\$ <u>1,131</u> .00	<u>2.9</u> %	
*Unemployment Ins.	\$ .00	%	
Other	\$ <u>565.50</u> .00	<u>1.45</u> %	Describe: <u>FICA MED</u>
Other	\$ .00	%	Describe: _____
Total Fringe Benefits \$ <u>8,773.20</u> .00			
Subtotal Position Salary and Benefits: \$ <u>47,773.20</u> 00			

**Position Title:**

Base Salary Computation: (\$39,000 X 100%) X 1 yr = \$ 39,000.00 (Base Salary Subtotal)  
 ((Annual Base Salary X Percent of Time Devoted to the Project) X Number of Years Devoted to the Project)

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ <u>2,418</u> .00	<u>6.2</u> %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ .00	%	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ <u>4,200</u> .00	%	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ <u>37.50</u> .00	%	
Vacation	\$ .00	%	Number of Hours Annually: _____
Sick Leave	\$ .00	%	Number of Hours Annually: _____
Retirement	\$ <u>421.20</u> .00	<u>1.08</u> %	
*Worker's Comp	\$ <u>1,131</u> .00	<u>2.9</u> %	
*Unemployment Ins.	\$ .00	%	
Other	\$ <u>565.50</u> .00	<u>1.45</u> %	Describe: <u>FICA MED</u>
Other	\$ .00	%	Describe: _____
Total Fringe Benefits \$ <u>8,773.20</u> .00			
Subtotal Position Salary and Benefits: \$ <u>47,773.20</u> 00			

Please include a detailed position description for all positions listed in the Budget Narrative.

\* If no funds budgeted, please explain at the bottom of the next page.

**Position Title:**

Base Salary Computation: ((\_\_\_\_\_ X \_\_\_\_\_) X \_\_\_\_\_) = \$ \_\_\_\_\_ .00 (**Base Salary Subtotal**)  
 ((Annual Base Salary X Percent of Time Devoted to the Project) X Number of Years Devoted to the Project)

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ _____ .00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____ .00	_____ %	
Vacation	\$ _____ .00	_____ %	Number of Hours Annually: _____
Sick Leave	\$ _____ .00	_____ %	Number of Hours Annually: _____
Retirement	\$ _____ .00	_____ %	
*Worker's Comp	\$ _____ .00	_____ %	
*Unemployment Ins.	\$ _____ .00	_____ %	
Other	\$ _____ .00	_____ %	Describe: _____
Other	\$ _____ .00	_____ %	Describe: _____
<b>Total Fringe Benefits</b>	<b>\$ _____ .00</b>		
<b>Subtotal Position Salary and Benefits: \$ _____ .00</b>			

**Position Title:**

Base Salary Computation: ((\_\_\_\_\_ X \_\_\_\_\_) X \_\_\_\_\_) = \$ \_\_\_\_\_ .00 (**Base Salary Subtotal**)  
 ((Annual Base Salary X Percent of Time Devoted to the Project) X Number of Years Devoted to the Project)

<u>Fringe Benefit</u>	<u>Cost</u>	<u>% of Base</u>	<u>Additional Information</u>
*Social Security	\$ _____ .00	_____ %	Can't Exceed 6.2%. If Exempt Check Here: <input type="checkbox"/>
*Medicare	\$ _____ .00	_____ %	Can't Exceed 1.45%. If Exempt Check Here: <input type="checkbox"/>
Health Insurance	\$ _____ .00	_____ %	Family Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	\$ _____ .00	_____ %	
Vacation	\$ _____ .00	_____ %	Number of Hours Annually: _____
Sick Leave	\$ _____ .00	_____ %	Number of Hours Annually: _____
Retirement	\$ _____ .00	_____ %	
*Worker's Comp	\$ _____ .00	_____ %	
*Unemployment Ins.	\$ _____ .00	_____ %	
Other	\$ _____ .00	_____ %	Describe: _____
Other	\$ _____ .00	_____ %	Describe: _____
<b>Total Fringe Benefits</b>	<b>\$ _____ .00</b>		
<b>Subtotal Position Salary and Benefits: \$ _____ .00</b>			

**CIVILIAN/OTHER PERSONNEL TOTAL: \$17,546.40 .00**

(Add together all Subtotals per position) Total Civilian/Other Personnel Cost (Transfer to Budget Summary Line 2)

\*If no funds were budgeted for 1) Social Security, 2) Medicare, 3) Worker's Compensation, and/or 4) Unemployment Insurance, your agency must provide an explanation for each omission below:

1) Social Security: \_\_\_\_\_ 3) Worker's Compensation: \_\_\_\_\_

2) Medicare: \_\_\_\_\_ 4) Unemployment Insurance: \_\_\_\_\_

**Please include a detailed position description for all positions listed in the Budget Narrative.**

**C. EQUIPMENT/TECHNOLOGY****No Equipment/Technology Requested ☒**

**Instructions:** List non-expendable items that are to be purchased. Non-expendable equipment is tangible property (e.g., technology) having a useful life of more than two years. Expendable items should be included either in the "SUPPLIES" or "OTHER" categories. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially for high-price items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "CONTRACTS / CONSULTANTS" category.

Pursuant to the Consolidated Appropriations Act 2005, P.L. 108-447, be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

**For agencies purchasing items related to enhanced communications systems, the COPS Office expects and encourages that, wherever feasible, such voice or data communications equipment should be incorporated into an intra- or interjurisdictional strategy for communications interoperability among federal, state, and local law enforcement agencies.**

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
<b>Equipment/Technology Total:</b>		\$ _____ Transfer to Budget Summary Line 3

*Please include a detailed description for all items listed in the Budget Narrative*



**D. OTHER COSTS****No Other Costs Requested** ☒

**Instructions:** List other requested items that will support the project goals and objectives as outlined in your application. Other costs may include items such as overtime and background investigations for law enforcement officer positions(s) and/or civilian position(s) if allowable under the program for which you are applying.

Pursuant to the Consolidated Appropriations Act 2005, P.L. 108-447, be advised that, to the greatest extent practical, all equipment and products purchased with these funds must be American-made.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
<b>Other Cost Total:</b>		\$ Transfer to Budget Summary Line 4

*Please include a detailed description for all items listed in the Budget Narrative*

**E. SUPPLIES****No Supplies Requested** ☐

**Instructions:** List items by type (office supplies; postage; training materials; copying paper; books; hand-held tape recorders; etc). Generally, supplies include any materials that are expendable or consumed during the course of the project.

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Unit/Item Description	Computation (# of Items/Units X Unit Cost)	Per Item Subtotal
Misc. Supplies such as paper, pens, postage	( X )	\$ 800.00
Brochures	( 1000 X \$0.60 )	\$ 600.00
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
	( X )	\$
<b>Supplies Total:</b>		<b>\$ 1,400.00</b> Transfer to Budget Summary Line 5

*Please include a detailed description for all items listed in the Budget Narrative*

No Travel/Training Requested ☒

See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

Reason for Travel/Training & Location of Travel/Training	Travel/Training Item	Computation (# of Staff X Unit Cost X # of Days/Trips/Events)	Per Item Subtotal
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
		( ____ X ____ X ____ )	\$
<b>Travel/Training Total:</b>			<b>\$</b> _____ Transfer to Budget Summary Line 6

**Please include a detailed description and justification for travel listed in the Budget Narrative**

**G. CONTRACTS/CONSULTANTS****No Contracts/Consultants Costs Requested** ☒

**Instructions:** See the COPS Application Guide for a list of allowable/unallowable costs for the particular program for which you are applying.

**Contracts:** Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts.

Contract Description	Contract Bid Type (Open-Competitive or Sole Source)	Per Contract Subtotal
		\$
		\$
		\$
		\$
<b>Contracts Subtotal:</b>		\$ (G1)

**Consultant Fees:** For each consultant enter the name (if known), service to be provided, hourly or daily fee (based upon an 8-hour day), and estimated length of time on the project. Consultant fees in excess of \$450 per day require additional written justification in the Budget Narrative and must be pre-approved in writing by the COPS Office.

Consultant Name/Title	Service Provided	Computation ( Cost X # Days or # Hours)	Per Consultant Fee Subtotal
		( _____ X _____ )	\$
		( _____ X _____ )	\$
		( _____ X _____ )	\$
<b>Consultant Fees Subtotal:</b>			\$ (G2)

**Consultant Expenses:** *Consultant Expenses:* List all expenses to be paid from the grant to the individual consultants separate from their consultant fees (e.g., travel, meals, lodging).

Consultant Name/Title	Service Provided	Computation ( Cost X # Days)	Per Consultant Fee Subtotal
		( _____ X _____ )	\$
		( _____ X _____ )	\$
		( _____ X _____ )	\$
		( _____ X _____ )	\$
<b>Consultant Subtotal:</b>			\$ (G3)

<b>Contracts/Consultants Total:</b>			\$ _____
Contracts (G1) + Consultant Fees (G2) + Consultant Expenses (G3)			Transfer to Budget Summary Line 7

**Please include a detailed description for all contracts listed in the Budget Narrative**



**BUDGET SUMMARY**

**Instructions:** When you have completed the Budget Detail Worksheets, please transfer the category totals to the spaces below. Please compute the Total Project Amount, Total Federal Share Amount, and Total Local Share (if applicable). Please see the Application Guide for information on the maximum federal share and local matching requirements for the grant for which you are applying.

Budget Category		Category Total	Line #
A.	Sworn Officer Positions	\$ _____ .00	1
B.	Civilian/Other Personnel	\$ <u>95,546</u> .00	2
C.	Equipment/Technology	\$ _____ .00	3
D.	Other Costs	\$ _____ .00	4
E.	Supplies	\$ <u>1,400</u> .00	5
F.	Travel/Training	\$ _____ .00	6
G.	Contracts/Consultants	\$ _____ .00	7
H.	Indirect Costs	\$ _____ .00	8
Total Project Amount:		\$ <u>96,946</u> .00	
Total Federal Share Amount: (Total Project Amount X Federal Share Percentage Allowable)		\$ <u>48,473</u> .00	
Total Local Share Amount (If applicable): (Total Project Amount - Total Federal Share Amount)		\$ <u>48,473</u> .00	
<b>Contact Information for Budget Questions</b>			
Please provide contact information of the financial official that the COPS Office may contact with questions related to your budget submission.			
Authorized Official's Typed Name: <u>Humberto Talamantes</u>			
Title: <u>Sergeant</u>			
Phone: <u>(915)298-9612</u>			
Fax: <u>(915)298-9808</u>			
E-mail Address: <u>TalamantesH@elpasotexas.gov</u>			

## SECTION 13: CERTIFICATION OF REVIEW AND REPRESENTATION OF COMPLIANCE WITH REQUIREMENTS

The signatures of the Law Enforcement Executive/Program Official and Government Executive/Financial Official, and any applicable program partners on the Certification of Review and Representation of Compliance with Requirements:

- 1) Assures the COPS Office that the applicant will comply with all legal, administrative, and programmatic requirements that govern the applicant for acceptance and use of federal funds as outlined in the applicable COPS Application Guide; AND
- 2) Attests to the accuracy of the information submitted with this application (including the Budget Detail Worksheets).

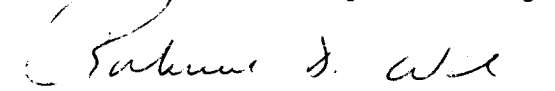
*The signatures below must be made by the actual executives named on this application unless there is an officially documented authorization for a delegated signature. If your jurisdiction has such an official document, it must be attached to this application. Applications with missing, incomplete, or inaccurate signatures or responses may not be considered for funding. Stamped or electronic signatures (unless applying online via Grants.gov) also will not be accepted. Original signatures are required. Faxed copies will not be accepted. Applications postmarked after the final application deadline date may not be considered for funding.*

*Signatures shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.*

Please be advised that a hold may be placed on this application if it is deemed that the applicant agency is not in compliance with federal civil rights laws, and/or is not cooperating with an ongoing federal civil rights investigation, and/or is not cooperating with a COPS Office compliance investigation concerning a current grant award.

By signing below, I certify that I have read, understand, and agree, if awarded, to abide by all of the applicable grant compliance terms and conditions as outlined in the COPS Application Guide. In addition, I certify that the information provided on this form and any attached forms is true and accurate to the best of my knowledge. I understand that false statements or claims made in connection with COPS programs may result in fines, imprisonment, debarment from participating in federal grants, cooperative agreements, or contracts, and/or any other remedy available by law to the federal government.

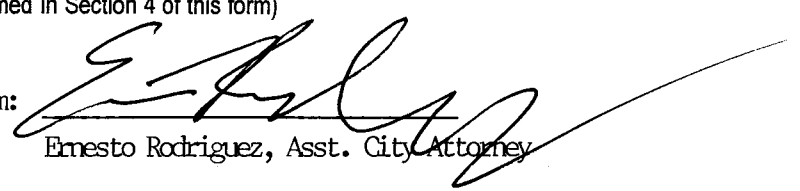
**Law Enforcement Executive/Program Official's Signature:**

 Date: 5-25-05  
(Signature of person named in Section 4 of this form)

**Government Executive/Financial Official's Signature:**

\_\_\_\_\_  
(Signature of person named in Section 4 of this form) Date: \_\_\_\_\_

Approved as to form:

  
Ernesto Rodriguez, Asst. City Attorney

## Section 14: Assurances

Several provisions of federal law and policy apply to all grant programs. We (the Office of Community Oriented Policing Services) need to secure your assurance that the applicant will comply with these provisions. If you would like further information about any of these assurances, please contact your state's COPS Grant Program Specialist at (800) 421-6770.

By the applicant's authorized representative's signature, the applicant assures that it will comply with all legal and administrative requirements that govern the applicant for acceptance and use of federal grant funds. In particular, the applicant assures us that:

1. It has been legally and officially authorized by the appropriate governing body (for example, mayor or city council) to apply for this grant and that the persons signing the application and these assurances on its behalf are authorized to do so and to act on its behalf with respect to any issues that may arise during processing of this application.
2. It will comply with the provisions of federal law which limit certain political activities of grantee employees whose principal employment is in connection with an activity financed in whole or in part with this grant. These restrictions are set forth in 5 U.S.C. § 1501, et seq.
3. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, if applicable.
4. It will establish safeguards, if it has not done so already, to prohibit employees from using their positions for a purpose that is, or gives the appearance of being, motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties.
5. It will give the Department of Justice or the Comptroller General access to and the right to examine records and documents related to the grant.
6. It will comply with all requirements imposed by the Department of Justice as a condition or administrative requirement of the grant, including but not limited to: the requirements of 28 CFR Part 66 and 28 CFR Part 70, or the Federal Acquisition Regulations, as applicable (governing cost principles); OMB Circular A-133 (governing audits) and other applicable OMB circulars; the applicable provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended; 28 CFR Part 38.1; the current edition of the COPS Grant Monitoring Standards and Guidelines; and with all other applicable program requirements, laws, orders, regulations, or circulars.
7. If applicable, it will, to the extent practicable and consistent with applicable law, seek, recruit and hire qualified members of racial and ethnic minority groups and qualified women in order to further effective law enforcement by increasing their ranks within the sworn positions in the agency.
8. It will not, on the ground of race, color, religion, national origin, gender, disability or age, unlawfully exclude any person from participation in, deny the benefits of or employment to any person, or subject any person to discrimination in connection with any programs or activities funded in whole or in part with federal funds. These civil rights requirements are found in the non-discrimination provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. § 3789(d)); Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. § 2000d); the Indian Civil Rights Act (25 U.S.C. §§ 1301-1303); Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794); Title II, Subtitle A of the Americans with Disabilities Act (ADA) (42 U.S.C. § 12101, et seq.); the Age Discrimination Act of 1975 (42 U.S.C. § 6101, et seq.); and Department of Justice Non-Discrimination Regulations contained in Title 28, Parts 35 and 42 (subparts C, D, E and G) of the Code of Federal Regulations.
9. In the event that any court or administrative agency makes a finding of discrimination on grounds of race, color, religion, national origin, gender, disability or age against the applicant after a due process hearing, it agrees to forward a copy of the finding to the Office of Civil Rights, Office of Justice Programs, 810 7th Street, NW, Washington, D.C. 20531.
10. Grantees that have 50 or more employees and grants over \$500,000 (or over \$1,000,000 in grants over an eighteen-month period), must submit an acceptable Equal Employment Opportunity Plan ("EEOP") or EEOP short form (if grantee is required to submit an EEOP under 28 CFR 42.302), that is approved by the Office of Justice Programs, Office for Civil Rights within 60 days of the award start date. For grants under \$500,000, but over \$25,000, or for grantees with fewer than 50 employees, the grantee must submit an EEOP Certification. (Grantees of less than \$25,000 are not subject to the EEOP requirement.)
11. Pursuant to Department of Justice guidelines (June 18, 2002 Federal Register (Volume 67, Number 117, pages 41455-41472)), under Title VI of the Civil Rights Act of 1964, it will ensure meaningful access to its programs and activities by persons with limited English proficiency.
12. It will ensure that any facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify us if advised by the EPA that a facility to be used in this grant is under consideration for such listing by the EPA.
13. If the applicant's state has established a review and comment procedure under Executive Order 12372 and has selected this program for review, it has made this application available for review by the state Single Point of Contact.
14. It will submit all surveys, interview protocols, and other information collections to the COPS Office for submission to the Office of Management and Budget for clearance under the



## Standard Application Forms

Paperwork Reduction Act of 1995 if required.

13. It will comply with the Human Subjects Research Risk Protections requirements of 28 CFR Part 46 if any part of the funded project contains non-exempt research or statistical activities which involve human subjects and also with 28 CFR Part 22, requiring the safeguarding of individually identifiable information collected from research participants.

14. Pursuant to Executive Order 13043, it will enforce on-the-job seat belt policies and programs for employees when operating agency-owned, rented or personally-owned vehicles.

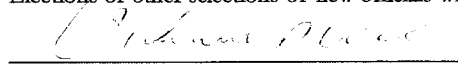
15. It will not use COPS funds to supplant (replace) state, local, or Bureau of Indian Affairs funds that otherwise would be made available for the purposes of this grant, as applicable.

16. It will not use any federal funding directly or indirectly to influence in any manner a Member of Congress, a jurisdiction, or an official of any government, to favor, adopt, or oppose, by vote or otherwise, any legislation, law ratification, policy or appropriation whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy or appropriation as set forth in the Anti-Lobby Act, 18 U.S.C. 1913.

False statements or claims made in connection with COPS grants (including cooperative agreements) may result in fines, imprisonment, disbarment from participating in federal grants or contracts, and/or any other remedy available by law.

I certify that the assurances provided are true and accurate to the best of my knowledge.

Elections or other selections of new officials will not relieve the grantee entity of its obligations under this grant.


  
\_\_\_\_\_  
Signature of Official with Programmatic Authority (or Law Enforcement Executive, as applicable)

  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Official with Financial Authority (or Government Executive, as applicable)

\_\_\_\_\_  
Date

Approved as to Form:

  
\_\_\_\_\_  
Ernesto Rodriguez, Asst. City Attorney

## Section 15: Certifications

### Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; Drug-Free Workplace Requirements Coordination with Affected Agencies.

Although the Department of Justice has made every effort to simplify the application process, other provisions of federal law require us to seek your agency's certification regarding certain matters. Applicants should read the regulations cited below and the instructions for certification included in the regulations to understand the requirements and whether they apply to a particular applicant. Signing this form complies with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," 28 CFR Part 67, "Government-Wide Debarment and Suspension (Nonprocurement)," 28 CFR Part 83 Government-Wide Requirements for Drug-Free Workplace (Grants)," and the coordination requirements of the Public Safety Partnership and Community Policing Act of 1994. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.

#### 1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the making of any federal grant; the entering into of any cooperative agreement; and the extension, continuation, renewal, amendment or modification of any federal grant or cooperative agreement;

B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

C. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

#### 2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.440 -

A. The applicant certifies that it and its principals:

(i) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department or agency;

(ii) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) or private agreement or transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion or receiving stolen property, making false claims, or obstruction of justice, or commission of any offense indicating a lack of business integrity or business honesty that seriously and directly affects your present responsibility.

(iii) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (A)(ii) of this certification; and

(iv) Have not within a three-year period preceding this application had one or more public transactions (federal, state or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

#### 3. Drug-Free Workplace (Grantees Other Than Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 83, for grantees, as defined at 28 CFR Part 83, Sections 83 and 83.510 -

A. The applicant certifies that it will, or will continue to, provide a drug-free workplace by:

(i) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(ii) Establishing an on-going drug-free awareness program to inform employees about -

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- (a) The dangers of drug abuse in the workplace;
- (b) The grantee's policy of maintaining a drug-free workplace;
- (c) Any available drug counseling, rehabilitation and employee assistance programs; and
- (d) The penalties that may be imposed upon employees for drug-abuse violations occurring in the workplace;
- (iii) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (i);
- (iv) Notifying the employee in the statement required by paragraph (i) that, as a condition of employment under the grant, the employee will -
- (a) Abide by the terms of the statement; and
- (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (v) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (iv)(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: COPS Office, 1100 Vermont Ave., NW, Washington, D.C. 20530. Notice shall include the identification number(s) of each affected grant.
- (vi) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (iv)(b), with respect to any employee who is so convicted -

(a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement or other appropriate agency;

(vii) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (i), (ii), (iii), (iv), (v) and (vi).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of performance (street address, city, county, state, zip code)

Check ☐ if there are workplaces on file that are not identified here.

#### 4. Coordination

The Public Safety Partnership and Community Policing Act of 1994 requires applicants to certify that there has been appropriate coordination with all agencies that may be affected by the applicant's grant proposal if approved. Affected agencies may include, among others, the Office of the United States Attorney, state or local prosecutors, or correctional agencies. The applicant certifies that there has been appropriate coordination with all affected agencies.

Grantee Agency Name and Address:

City of El Paso Police Department - 911 N. Raynor El Paso, Texas 79903

Grantee IRS/ Vendor Number: 746000749

False statements or claims made in connection with COPS grants (including cooperative agreements) may result in fines, imprisonment, disbarment from participating in federal grants or contracts, and/or any other remedy available by law.

I certify that the assurances provided are true and accurate to the best of my knowledge.

Elections or other selections of new officials will not relieve the grantee entity of its obligations under this grant.

Typed Name and Title of Law Enforcement Executive (or Official with Programmatic Authority, as applicable):

Richard Wiles, Chief of Police

Signature: 

Date: 5-21-05

Typed Name and Title of Government Executive (or Official with Financial Authority, as applicable):

Joe Wardy, Mayor

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved as to form:

  
Ernesto Rodriguez, Asst. City Attorney

# Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

<b>1. Type of Federal Action:</b> <u>B</u> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> <u>A</u> a. bid/offer/application b. initial award c. post-award	<b>3. Report Type:</b> <u>A</u> a. initial filing b. material change  <i>For Material Change Only:</i> Year: _____ Quarter: _____ Date of last report: _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  City of El Paso Two Civic Center Plaza El Paso, Texas 79901 Congressional District (number), if known: <u>16th</u>	<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b> Congressional District (number), if known: _____	
<b>6. Federal Department/Agency:</b> U.S. Department of Justice	<b>7. Federal Program Name/Description:</b> CFDANumber, if applicable: <u>16.710</u>	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b>  \$ 48,473.00	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i> Dave Larson, Quinn Dodd, Larson Dodd, LLC 2000 L Street, Suite 801 Washington, DC 20036	<b>10. b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: <u>Joe Wardy</u> Title: <u>Mayor</u> Telephone No.: <u>(915) 541-4145</u> Date: _____	
<b>Federal Use Only:</b>	Authorized for Local Reproduction, Standard Form - LLL	